

State of Arizona

Department of Health Services

Request For Grant Application (RFGA)

RFGA Number: HR754127

RFGA Due Date / Time: March 9, 2007 at 3:00 P.M. Local Time

Submittal Location: Arizona Department of Health Services
1740 West Adams Street, Room 303
Phoenix, Arizona 85007

Description of Grant: Comprehensive Cancer Control Program (CCCP)

A Pre-Application Conference: N/A

Date

Time

Location

In accordance with A.R.S. §41-2701, competitive Sealed Grant Applications will be received by the Arizona Department of Health Services, at the above-specified location until the time and date cited.

Applications must be in the actual possession of the Arizona Department of Health Services, Procurement Office on or prior to the time and date, and at the submittal location indicated above. ***Late Applications will not be considered.***

Applications must be submitted in a sealed envelope or package with the RFGA Number and the Applicant's name and address clearly indicated on the envelope or package. All Applications must be completed in ink or typewritten. Additional instructions for preparing an Application are included in this RFGA.

Persons with disabilities may request special accommodations such as interpreters, alternate formats, or assistance with physical accessibility. Requests for special accommodations must be made with 72 hours prior notice. Such requests are to be addressed to the RFGA Contact Person.

APPLICANTS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE RFGA.

Grant Solicitation Contact Person:

Dee Vlahos

Name

State Government Administrator

Tel: (602) 364 – 1482

Email: VLAHOSD@azdhs.gov

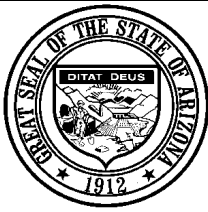
Telephone Number / Email

Date

TABLE OF CONTENTS

RFGA NO.: HR754127

<u>Title</u>	<u>Page</u>
COVER PAGE	1
TABLE OF CONTENTS	2
GRANT APPLICATION	3
INTRODUCTION:	
STATEMENT OF PURPOSE.....	4
WHAT WILL BE FUNDED WITH THIS GRANT APPLICATION	5
ELIGIBILITY:	
ELIGIBLE APPLICANTS.....	6
INSTRUCTIONS:	
SPECIAL INSTRUCTIONS TO APPLICANTS	7 ~ 8
HOW TO PREPARE AND SUBMIT APPLICATION	9 ~ 10
TERMS AND CONDITIONS	11 ~ 13
SCOPE OF WORK.....	14 ~ 16
PRICE SHEET/ FEE SCHEDULE	17
ATTACHMENTS / EXHIBITS:	18 ~ 25
ATTACHMENTS	
1. Budget Summary	18
2. Grant Certification Form	19
3. RE-AIM Planning Tool	20 ~ 22
4. Grant Payment Request Form.....	23
EXHIBITS:	
1. Contractor's Expenditure Report Instructions	24
Contractor's Expenditure Report	25



GRANT APPLICATION
RFGA NO.: HR754127

Arizona Department of Health
Services
1740 W. Adams, Room 303
Phoenix, Arizona 85007
(602) 542 - 1040
(602) 542 - 1741 (Fax)

The Undersigned hereby applies and agrees to comply with all the terms, conditions, specifications, any amendments in the Request and any written exceptions in the Application.

Applicant's Arizona Transaction (Sales) Privilege Tax License Number: _____

Applicant's Federal Employer Identification Number: _____

Applicant's Name _____

Name of Person Authorized to Sign Application _____

Street Address _____

Title of Authorized Person _____

City _____ State _____ Zip Code _____

Signature of Authorized Person _____ Date _____

Telephone Number: _____

Facsimile Number: _____

Acknowledgement of Amendment(s):
*(Applicant acknowledges receipt of amendment(s)
to the Request for Grant Application and
related documents numbered and dated*

Amendment No.	Date
_____	_____
_____	_____
_____	_____

Amendment No.	Date
_____	_____
_____	_____
_____	_____

ACCEPTANCE OF APPLICATION AND GRANT AWARD
(For State of Arizona Use Only)

Your Application, dated _____, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the RFGA and your Application, as accepted by the State.

This Grant will henceforth be referred to as Grant Number: **HR754127**

You are hereby cautioned not to commence any billable work or provide any material, service or construction under this Grant until you receive an executed purchase order, grant release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this _____ day of _____ 2007

State Government Administrator

INTRODUCTION
RFGA NO.: HR754127

STATEMENT OF PURPOSE

The Arizona Department of Health Services (ADHS), Comprehensive Cancer Control Program (CCCP), is a program within the Office of Nutrition and Chronic Disease Prevention Services. The CCCP is pleased to announce the availability of funds for the purpose of cancer control interventions across the state of Arizona through the use of a grant. These projects must support initiatives that focus on the fifteen (15) priorities as identified in the Arizona Comprehensive Cancer Control Plan. In developing this application, communities are invited to consult the following website for information about the Arizona Comprehensive Cancer Control Program: <http://www.azcancercontrol.gov>

INTRODUCTION

RFGA NO.: HR754127

WHAT WILL BE FUNDED WITH THIS GRANT APPLICATION

1. **What are the Program Goals and Priority Areas?**

The goal of the program is to promote cancer control interventions for the citizens of Arizona.

2. **What is the Funding Source for this Grant?**

Federal funds made available from the Department of Health and Human Services, Centers for Disease Control and Prevention, National Cancer Prevention and Control Program Grant.

3. **What is the Total Amount of Available Funds?**

A total of up to \$70,000.00 will be awarded to multiple qualified applicants. Awards are available for up to a maximum of \$10,000 per application. The award amounts will be based on proposed project activity. There is no fixed amount for each award. The funds will be awarded as appropriate to applicants that meet the intention of the grant guidance. Successful applicants will be notified in writing regarding the results of the grant process. Major activities must be completed and project funds must be expended before December 31, 2007.

Upon award, a percentage of the grant will be funded at the beginning of the project. Upon submission of the Interim Progress Report, an additional percentage of the grant will be distributed. The balance of the grant will be paid upon completion of the project and submission of the Final Report (due December 31, 2007).

4. **Funding Exclusions:**

Due to the nature of these funds, awards may **not** be used for:

- a. Cancer screening services
- b. Laboratory or clinical services, treatment, research or medical care

ELIGIBILITY
RFGA NO.: HR754127

ELIGIBLE APPLICANTS

1. Other governmental agencies (counties, cities, etc) and non-profit organizations (501c (3)) are eligible to apply.
2. **Each funded organization must meet the following criteria:**
 - a. Does not currently receive funding or support from the ADHS for the same services, program or project for which the grant is being sought.
 - b. Is organized as an entity that can receive these funds, or is working in partnership with an organization that can serve as a fiscal intermediary.

INSTRUCTIONS

RFGA NO.: HR754127

SPECIAL INSTRUCTIONS TO APPLICANTS

1. Application Opening:

Applications shall be opened publicly at the time and place designated on the cover page of this document. The name of each Applicant shall be read at this time. After Grant award, the applications and evaluation documents shall be open for public inspections. The anticipated award date is April 1, 2007.

2. Evaluation Criteria:

Grant Applications will be evaluated according to A.R.S. § 41-2702 (F) and (G) based upon the evaluation criteria listed below. The criteria are listed in the relative order of importance and are based on the following:

- i. Proposed project and "TASKS Methodologies" to perform and complete the work.
- ii. Experience/Expertise/Reliability and Qualifications based on background, history, track record, organizational chart, staff resumes, and one (1) letter of support.
- iii. Resources: Ability to perform services as reflected by availability and suitability of staff and resources.
- iv. Collaboration as demonstrated with memorandums of understanding sub-contracts and letters from collaborative agencies describing support of the proposed partnership.
- v. Cost: Itemized budget and budget justification and price sheet showing proposed cost(s) including other sources of funds.
- vi. Conformance to all other RFGA Requirements and Conditions.

3. RFGA Questions:

Questions may be submitted in writing via email or fax to the attention of the contract person listed below. To allow for sufficient time to answer all questions that could affect the RFGA, ADHS requests that questions be submitted not later than ten (10) working days prior to the RFGA due date to:

Dee Vlahos, Procurement Specialist
Office of Procurement
Arizona Department of Health Services
1740 West Adams, Room 303
Phoenix, Arizona 85007
Phone No.: (602) 364-1482
Fax No.: (602) 542-1741
E-mail address: VLAHOSD@azdhs.gov

4. Confidential Information:

If an applicant believes that their application contains information that should be withheld, a statement advising the ADHS Administrator of this fact and explaining the reasons for confidentiality shall accompany the submission, and the information shall be so identified wherever it appears. The person shall stamp or specifically identify all information believed to be confidential. The information identified by the person as confidential shall not be disclosed until the ADHS Administrator makes a written determination. The ADHS Administrator shall review the statement and information and shall determine in writing whether the information shall be withheld. If the ADHS Administrator determines to disclose the information, the ADHS Administrator shall inform the applicant in writing of such determination.

INSTRUCTIONS

RFGA NO.: HR754127

5. Oral or Written Presentations:

In accordance with A.R.S. §41-2702, applicants may be invited to make oral or written presentations regarding the scope of work, terms and conditions of the grant, budget and other relevant matters set forth in the request for grant applications. Applicants shall be accorded fair treatment with respect to any opportunity for oral or written presentations. The evaluators may require an applicant to revise an application to reflect information provided in an oral or written presentation.

6. Multiple Awards:

In order to assure that any ensuing grants will allow the State to fulfill current and future needs, ADHS reserves the right to award grants to multiple applicants.

7. Collaborative Partnerships within Program Area:

The state encourages partnerships with other entities and programs within communities. Partnerships and/or collaborative efforts are defined as joint efforts with other entities that could provide additional resources, such as funding, in-kind, direct services, volunteers, and community support. When proposing partnerships, provide letters of agreement or memoranda of understanding describing the roles and responsibilities each partner will assume and signed by appropriate partners.

8. Authorized Signature:

A. For any document that requires the Applicant's signature, the signature provided must be that of the Owner, Partner or Corporate Officer duly authorized to sign Grant agreements. Additionally, if requested by ADHS, disclosure of ownership information shall be submitted.

(1) Privately Owned: The Owner must sign the grant application.

(2) Partnership: A Partner must sign the grant application.

(3) Corporation: A duly authorized Corporate Officer must sign the grant application.

(4) Public Entity: Director

B. If a person other than these specified individuals signs the grant application, a Power of Attorney indicating the employee's authority must accompany the grant application. All addenda to the grant application shall be signed by the authorized individual who signed the grant application except that they may be signed by a duly authorized designee.

INSTRUCTIONS

RFGA NO.: HR754127

HOW TO PREPARE AND SUBMIT APPLICATION

1. Read and familiarize yourself with all sections of this RFGA.
2. Definition of Terms used in this RFGA.
 - A. **"Activities"** are day-to-day and periodic things that are accomplished to meet the goal(s). They are usually single-faceted, simply stated and numerous.
 - B. **"ADHS"** means the Arizona Department of Health Services.
 - C. **"Department"** means the Arizona Department of Health Services.
 - D. **"Shall or Must"** indicates a mandatory requirement. Failure to meet these mandatory requirements may result in the rejection of an application as non-responsive.
3. **Required Application Information.** The following shall be submitted concurrent with and as part of the Application:

One (1) original and five (5) copies of each application shall be submitted on the forms and in the format specified in the RFGA. The responses shall be typed using a 12-point font and single-spaced. The original copy of the application should be clearly labeled "ORIGINAL". The material should be in sequence and related to the RFGA. The Department will not provide any reimbursement for the cost of developing or presenting applications in response to this RFGA. Failure to include the requested information may have a negative impact on the evaluation of the applicant's application. Applications shall have a table of contents, and tabs for each section. The original, ink-signed application shall be provided in a 1 inch, 3-ring binder labeled with Applicant's name and project title, with tabs for each section. The copies shall be submitted stapled or clipped and marked as "copy". The application should be organized and submitted in the following order:

- a. Table of Contents for entire application with page numbers.
- b. Signed Application and Award Form.
- c. Terms and Conditions (one set with the original application only).
- d. Grant Certification Form (**Attachment 2**)
- e. Proposed Project and "TASK Methodologies" (**not to exceed 10 pages**).
- f. Organizational Chart - Provide a current organizational chart of the personnel. Chart shall include the Contractor and its subcontractors.
- g. Experience/Expertise/Reliability and Qualifications
 - i. Provide a written narrative description of Applicant's background, history and resources.
 - ii. If any part of the applicant's work on any contract awarded pursuant to this RFGA is to be performed by subcontractors, identify such parties and describe their functions. Also include resumes of the senior/executive officers and key personnel of the subcontractors to be assigned to this Contract.
 - iii. Provide one (1) letter of support from one of your identified coalition members or partners demonstrating a commitment to participate in your proposed project.

INSTRUCTIONS

RFGA NO.: HR754127

- h. Resources – Describe how Applicant will perform the proposed services as reflected by availability and suitability of staff resources.
- i. Complete Budget Summary and Price Sheet/Fee Schedule. (**Refer to Attachment 1 and the Price Sheet/Fee Schedule page 18**).
- j. Documentation of 501 (c) 3 status, if applicable (IRS determination letter and articles of incorporation)
- k. Grant Payment Request Form (**Attachment 4**). This form will be used if an award is granted and payment is requested.
- l. Other Attachments: As applicable. Such as: copies of sub-contractor's contract, example of applicant program materials, copies of curricula (youth and/or parent/adult).

TERMS AND CONDITIONS

RFGA NO.: HR754127

TERMS AND CONDITIONS

1. **Grant Term:** The initial term of this Grant shall commence on April 1, 2007 on the date the ADHS Administrator signs the Application and Acceptance Form and shall remain in effect through December 31, 2007, unless terminated, canceled, or extended as otherwise provided herein.
2. **Grant Type:** Cost Reimbursement.
3. **Grant Amendments:** Any change in this Grant, including the Scope of Services, shall only be accomplished by a formal, written grant amendment, signed by the ADHS Administrator. Any such amendment shall be within the scope of the grant and shall specify the change, any increase or decrease in Grant amount and the effective date of the change. The Grantee expressly and explicitly understands and agrees that no other method and/or no other document, including correspondence, acts and oral communications by or from any person, shall be used or construed as an amendment to this Grant.
4. **Information Disclosure:** The Grantee shall establish and maintain procedures and controls that are acceptable to the state for the purpose of assuring that no information contained in its records or obtained from the state or from others in carrying out its functions under the Grant shall be used or disclosed by it, its agents, officers, or employees, except as required to efficiently perform duties under the Grant. Persons requesting such information should be referred to the state. The Grantee also agrees that any information pertaining to individual persons shall not be divulged other than to employees or officers of Grantee as needed for the performance of duties under the Grant, unless otherwise agreed to in writing by the State.
5. **Licenses:** Grantee shall maintain in current status, all Federal, State and local licenses and permits required for the operation of the business conducted by the Grantee.
6. **Key Personnel:** It is essential the Grantee provide an adequate staff of experienced personnel, capable of and devoted to the successful accomplishment of work performed under this Grant. The Grantee must assign specific individuals to key positions of responsibility. Once assigned to work under this Grant, key personnel shall not be removed or replaced without prior express written approval by the ADHS Program Administrator.
7. **Sub Contracts:** The Grantee shall not enter into any Subcontract under this Grant for the performance of this Grant without the advance written approval of the ADHS Program Administrator. The Grantee shall clearly list any proposed subcontractors and the subcontractor's proposed responsibilities. The Subcontract shall incorporate by reference the terms and conditions of this Grant.
8. **Federal Procurement Suspension/Debarment:** All applicants upon submittal and signature of their application hereby attest and certify that the company has not been debarred or suspended from federal procurements.
9. **Audit:** Pursuant to A.R.S. §35-214, at any time during the term of this Grant and five years thereafter, the Grantee's or any subcontractor's books and records shall be subject to audit by the State and, where applicable, the Federal Government, to the extent that the books and records relate to the performance of the Grant.
10. **Accounting Requirements:** All financial records shall be maintained and expenditures made in accordance with the Generally Accepted Accounting Principles to permit accurate tracking of funds to a level of expenditure adequate to ensure proper use of funds.
11. **Payment:** The Grantee shall submit to ADHS, a quarterly statement of charges in a form provided as **Exhibit 1**, Contractor's Expenditure Report (CER), for the work completed under an approved project manager in conformance with the price sheet/fee schedule of this contract.
12. **Financial Management:** For all Grants, the practices, procedures, and standards specified in and required by the Accounting and Auditing Procedures Manual for Arizona Department of Health Services funded programs shall be used by the Grantee in the management of Grant funds and by the Department when performing a

TERMS AND CONDITIONS

RFGA NO.: HR754127

Grant audit. Funds collected by the Grantee in the form of fees, donations and/or charges for the delivery of these Grant services shall be accounted for in a separate fund.

State Funding. Grantees receiving state funds under this contract shall comply with the certified Compliance provisions of A.R.S. §35-181.03.

Federal Funding. Contractors receiving federal funds under this contract shall comply with the certified finance and compliance audit provision of the Office of Management and Budget (OMB) Circular A-133, if applicable. The federal financial assistance information shall be stated in a Change Order or Purchase Order.

13. **Arizona Substitute/IRS W-9 Form:** In order to receive payment the Grantee shall have a current Arizona Substitute W-9 Form on file with the State of Arizona, unless not required by law.
14. **Cancellation for Conflict of Interest:** Pursuant to A.R.S. § 38-511, the State may cancel this Grant within three (3) years after Grant execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting or creating the Grant on behalf of the State is or becomes at any time while the Grant or an extension of the Grant is in effect an employee of or a consultant to any other party to this Grant with respect to the subject matter of the Grant. The cancellation shall be effective when the Grantee receives written notice of the cancellation unless the notice specifies a later time. If the Grantee is a political subdivision of the State, it may also cancel this Grant as provided in A.R.S. § 38-511.
15. **Publications:** All materials published through the award of this Contract must include the following language: "This publication was supported by the Comprehensive Cancer Control Grant from the Centers for Disease Control and Prevention. Its contents do not necessarily represent the official views of the Centers for Disease Control and Prevention. Funding was made possible through the Arizona Department of Health Services Comprehensive Cancer Control Program."
16. **Health Insurance Accountability and Portability Act of 1996 (HIPAA) Requirements:** The Grantee warrants that it is familiar with the requirements of HIPAA and HIPAA's accompanying regulations and will comply with all applicable HIPAA requirements in the course of this contract. Grantee warrants that it will cooperate with the Arizona Department of Health Services (ADHS) in the course of performance of the contract so that both the ADHS and Grantee will be in compliance with HIPAA, including cooperation and coordination with the ADHS Privacy Officer and other compliance officials required by HIPAA and its regulations. Grantee will sign any documents that are reasonably necessary to keep the ADHS and Grantee in compliance with HIPAA, including, but not limited to, business associate agreements.

If requested by the ADHS, Grantee agrees to sign the "Arizona Department of Health Services Pledge To Protect Confidential Information" and to abide by the statements addressing the creation, use and disclosure of confidential information, including information designated as protected health information and all other confidential or sensitive information as defined in policy. In addition, if requested, Grantee agrees to attend or participate in HIPAA training offered by the ADHS or to provide written verification that the Grantee has attended or participated in job related HIPAA training that is: (1) intended to make the Grantee proficient in HIPAA for purposes of performing the services required and (2) presented by a HIPAA Privacy Officer or other person or program knowledgeable and experienced in HIPAA and who has been approved by the ADHS HIPAA Compliance Officer.

17. **Offshore Performance of Work Prohibited:** Due to security and identity protection concerns, direct services under this contract shall be performed within the borders of the United States. Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and may involve access to secure or sensitive data or personal client data or development or modification of software for the State shall be performed within the borders of the United States. Unless specifically stated otherwise in the specifications, this definition does not apply to indirect or "overhead" services, redundant back-up services or services that are incidental to the performance of the contract. This provision applies to work performed by subcontractors at all tiers. Grantees shall declare all anticipated offshore services in the Grant Application.

TERMS AND CONDITIONS

RFGA NO.: HR754127

- 18. Federal Immigration Laws, Compliance by State Contractors:** By entering into the Contract, the Contractor warrants compliance with the Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees. The Contractor shall obtain statements from its subcontractors certifying compliance and shall furnish the statements to the Procurement Officer upon request. These warranties shall remain in effect through the term of the Contract. The Contractor and its subcontractors shall also maintain Employment Eligibility Verification forms (I-9) as required by the U.S. Department of Labor's Immigration and Control Act, for all employees performing work under the Contract. I-9 forms are available for download at USCIS.GOV.

The State may request verification of compliance for any Contractor or subcontractor performing work under the Contract. Should the State suspect or find that the Contractor or any of its subcontractors are not in compliance, the State may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Contract for default, and suspension and/or debarment of the Contractor. All costs necessary to verify compliance are the responsibility of the Contractor.

19. Pandemic Contractual Performance

1. The State shall require a written plan that illustrates how the applicant shall perform in the event of a pandemic. The State may require a copy of the plan at any time prior to or post award of the grant. At a minimum, the pandemic performance plan shall include:
 - A. Key succession and performance planning if there is a sudden significant decrease in applicant's workforce.
 - B. Alternative methods to ensure there are products in the supply chain.
 - C. An up-to-date list of company contacts and organizational chart.
2. In the event of a pandemic, as declared by the Governor of Arizona, the U.S. Government or the World Health Organization, which makes performance of any term under this grant impossible or impracticable, the State shall have the following rights:
 - A. After the official declaration of a pandemic, the State may temporarily void the grant in whole or specific sections.
 - B. The State shall not incur any liability if a pandemic is declared and emergency procurements are authorized by the Director as per A.R.S. 41-2537 of the Arizona Procurement Code.
 - C. Once the pandemic is officially declared over and/or the applicant can demonstrate the ability to perform, the State, at its sole discretion, may reinstate the temporarily voided grant.

- 20. Non-Discrimination:** The Applicant shall comply with State Executive Order No. 99-4 and all other applicable Federal and State laws, rules and regulations, including the Americans with Disabilities Act.

SCOPE OF WORK

RFGA NO.: HR754127

COMPREHENSIVE CANCER CONTROL PROGRAM (CCCP)

The Arizona Department of Health Services (ADHS), Comprehensive Cancer Control Program (CCCP), is a program within the Office of Nutrition and Chronic Disease Prevention Services. The CCCP is pleased to announce the availability of funds for the purpose of cancer control interventions across the state of Arizona through the use of a grant. These projects must support initiatives that focus on the 15 priorities as identified in the Arizona Comprehensive Cancer Control Plan. In developing this application, communities are invited to consult the following website for information about the Arizona Comprehensive Cancer Control Program: <http://www.azcancercontrol.gov>.

The applicant shall prepare and submit written responses / application addressing the following:

TASKS METHODOLOGIES:

Submit a written response to each of the following Tasks.

1. **PROPOSED PROJECT:** Provide a brief summary of your proposed project including the name of the project and why you would like to undertake this project.
2. **PROJECT DESCRIPTION:**
 - 2.a Describe what is the need?
 - 2.b Describe what evidence there is that the stated problem(s) is a high priority for the community?
 - 2.c Describe how the proposed project effectively addresses the problem and why you think it will work?
 - 2.d Describe how the project will address one or more of the fifteen priorities as identified in the Arizona Comprehensive Cancer Control Program.
 - 2.e Specify the proposed project's evaluation methods which will be used to assess the project's impact on the target community.
 - 2.f The project must involve multiple partners and collaborations between organizations. Describe how the proposed project will involve multiple partners and collaborations between organizations.
 - 2.g Identify in-kind contributions if utilized. The in-kind contribution must be documented and reported.
3. **AREA / TARGET POPULATION:**
 - 3.a Describe the proposed geographic area to be covered.
 - 3.b Explain the proposed population to be covered i.e. Entire population within the defined geographic area or limited portion of population within defined geographic area.
 - 3.c Describe the characteristics of the populations (i.e. age, socioeconomic status, race / ethnicity)

SCOPE OF WORK

RFGA NO.: HR754127

4. GOALS AND OBJECTIVES:

This task captures the broad statements of intent (goals) and the measurable, time-specific outcomes (objectives) that will address the above Project Description. Goals are general and should reflect what changes are desired within your targeted population or area. Objectives should support the goals, should describe specific changes that will be accomplished within a certain period of time and are able to be measured.

4.a State goal(s) that relate to the proposed project.

4.b Identify measurable objective(s) for each goal.

4.c Explain how the goals and objective are linked to the proposed project.

5. PROJECTED TIMEFRAME AND ACTIVITIES:

5.a Outline the project timeline.

5.b Describe the activities to be completed during the proposed project timeline.

5.c Provide supporting information to demonstrate that the activities are measurable, relevant and feasible.

6. PARTNERSHIP OR COALITION RELATIONSHIP:

6.a Identify the names of partner groups that will be working to implement the proposed project.

6.b Describe the relationship with your partners for working to implement the proposed project.

6.c Describe how the project will be conducted, managed or directed (i.e. by a grass-roots community advisory group or by a distinctly identifiable community component of your organization).

7. STAFFING:

7.a Describe how your proposed project will be staffed.

7.b Provide supporting information to demonstrate that the staffing is well defined and adequate.

8. RE-AIM PLANNING TOOL:

Please complete **Attachment 3** and submit with your application.

9. BUDGET:

Please complete **Price Sheet / Fee Schedule – page 17 and Budget Summary – page 18**. PLEASE USE THE FORMAT PROVIDED. The budget provided shall only be for the proposed project not for the organization as a whole.

10. APPROVAL:

The Quarterly Contractor Expenditure Reports shall be approved by ADHS prior to reimbursement (See **Exhibit 1**, Contractor Expenditure Report).

SCOPE OF WORK

RFGA NO.: HR754127

11. DELIVERABLES:

The Applicant shall submit:

- a. The name, phone numbers and resumes of the Key Personnel, if replaced.
- b. Interim Progress Report due twelve (12) weeks after the contract is awarded. This report shall include progress towards program objectives, successes, challenges and line item budget of funds expended.
- c. Final Report of the funded project due on December 31, 2007. This report shall include planning, implementation and outcome(s) through the funded period. This report shall also include evaluative statements and recommendations for others who might wish to undertake a similar effort. A copy of each document created in conjunction with this award under this Contract must be included.
- d. Financial Statement / Summary due on December 31, 2007 indicating expenditures incurred in conjunction with this award under this Contract.

12. NOTICES, CORRESPONDENCE, REPORTS AND INVOICES:

- a. Notice, Correspondences, Reports and Invoices from the Grantee to the ADHS shall be sent to:

Comprehensive Cancer Control Program Manager
Arizona Department of Health Services
150 North 18th Avenue, Suite 310
Phoenix, Arizona 85007
Phone No.: (602) 542-2808
Fax No.: (602) 542-0512
Email: sabolk@azdhs.gov

- b. Notice, Correspondences and Report from the ADHS to the Grantee shall be sent to:

Organization: _____
Attention: _____
Street Address: _____
City, State and ZIP Code: _____
Telephone: _____
Email: _____

- c. Payments from ADHS to the Grantee shall be sent to:

Organization: _____
Attention: _____
Street Address: _____
City, State and ZIP Code: _____

PRICE SHEET / FEE SCHEDULE
RFGA NO. HR754127

Line	Budget Categories	Grant Amount	In-Kind / Other (specify source)	Total
1	Personnel			
2	Supplies A. Office B. Others			
3	In-State Travel (@ 0.445 / mile)			
4	Postage			
5	Printing / Photocopying			
6				
7				
	TOTAL	\$	\$	\$

NOTE:

1. Budget categories other than listed may be added to reflect the actual need of your proposed project.
2. There may be an identifiable in-kind contribution.
3. Funds may be used for personnel costs.
4. Administrative overhead is not an allowable expense.
5. Funds may not be used to pay for direct clinical services or for physical construction or renovation of a facility or space within a building.

ATTACHMENT NO.: 1
BUDGET SUMMARY
RFGA NO. HR754127

Within the total cost for each budget category, a series of line item costs are to be identified. Provide a brief description of proposed costs. All budgeted amounts are to be rounded to the nearest dollar in each line item and budget category.

1. PERSONNEL

Position Title	Hours/week	# of weeks	Salary (rate/wk)	Total

2. SUPPLIES

a. Office:

b. Other:

3. IN-STATE TRAVEL

4. POSTAGE

5. PRINTING / PHOTOCOPYING

ATTACHMENT NO.: 2

RFGA NO. HR754127

ARIZONA DEPARTMENT OF HEALTH SERVICES

Grant Certification Form

Complete this Grant Certification Form and return with your Application

The _____
(name of organization)
is submitting this application for funding from the Arizona Department of Health Services,
_____ grant program.

As the _____'s
(name of organization)
contact person, my signature below certifies that to the best of my knowledge all of the information provided in this application is accurate, and if funded, we agree to comply with the requirements of the grant program as described in the announcement, specifically, to meet the reporting and financial requirements of this award:

1. By _____ submit a final report describing the funded project including planning,
(date)
implementation, and outcome(s) through the funded period. This report should include evaluative statements and recommendations for others who might wish to undertake a similar effort. A copy of each document created in conjunction with this award must be included.
2. By _____ submit a financial statement/summary indicating expenditures incurred in
conjunction with this award.

Signature

Print or Type Name and Title

Date

ATTACHMENT NO.: 3

RFGA NO. HR754127

RE-AIM PLANNING TOOL

The key to achieving intended results from an intervention is to take a well rounded approach to program planning. This section is intended as “thought questions”, which serve as a checklist, for key aspects that should be considered when planning an intervention. The best way use this section would be to think about the issues raised, their pertinence to one’s intervention(s) and making any relevant changes before launching the intervention. The questions listed are generalized and meant as self checks so don’t worry about not answering those that are not relevant to your unique program and situation.

Planning Checklist Questions to improve REACH

1. Do you hope to reach all members of your target population? If yes provide a number or estimate for your target population. If no (due to large size of the target population and budget constraints) provide the proportion of the target population that you want to reach ideally given constraints.
2. What is the breakdown of the demographics of your target population in terms of race/ethnicity, gender and socioeconomic status?
3. How confident are you that your program will successfully attract all members of your target population regardless of age, race/ethnicity, gender, socioeconomic status and other important characteristics?

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

4. What are the barriers you foresee that will limit your ability to plan to, and successfully reach, your intended target population?
5. How do you hope to overcome these barriers?
6. Rate the difficulty you expect in overcoming these barriers.

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

Questions to improve EFFECTIVENESS

1. Would you categorize your intervention as evidence based or a new innovation?
2. Why did you choose this intervention and its components?
3. What are the strengths of your intervention?
4. Have you come to agreement with key stakeholders about what ‘success’ will be defined as?
5. List the measurable objectives that you wish to achieve in order to accomplish your goal (How will you define success?).
6. What are the likely unintended consequences that may result from this program?
7. Rate your confidence that this intervention will lead to your planned outcome?

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

ATTACHMENT NO.: 3

RFGA NO. HR754127

Questions to improve ADOPTION

1. What percent of your organization (e.g. departments, relevant staff etc) will be involved in supporting or delivering this program?
2. What percent of other organizations such as yours will be willing and able to offer this program after you are done testing?
3. How confident are you that your program will be adopted by those settings and staff who provide services for people in your target population who have the greatest need?

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

4. What do you think will be the greatest barriers to other sites or organizations adopting this program? Do you have a system in place for overcoming these barriers?

Questions to improve IMPLEMENTATION

1. How confident are you that the program can be delivered as intended?

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

2. How confident are you that the program can be delivered by staff representing a variety of positions, levels and expertise/experience of the organization?
3. Is your program flexible (while maintaining fidelity to the original design) to changes or corrections that may be required midcourse?
4. Do you have a system in place to document and track the progress of the program and effect of changes made during the course of the program?

Questions to improve MAINTENANCE (Individual)

1. What evidence is available that suggests the intervention effects will be maintained 6 or more months after it is completed?
2. How confident are you that the program will produce lasting benefits for the participants?

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

3. What do you plan to do to support initial success and prevent or deal with relapse of participants?

Questions to improve MAINTENANCE (Community)

1. How confident are you that your program will be sustained in your setting a year after the grant is over and or a year after it has been implemented?

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

2. What do you see as the greatest challenges to the long term success of organizations continuing their support of the program?

ATTACHMENT NO.: 3

RFGA NO. HR754127

3. What are your plans for intervention sustainability? Will additional funding be needed?
4. Do you have key stakeholder commitment to continue the program if it is successful?
5. To what degree will the intervention be integrated into the regular practice of the delivery organization?

ATTACHMENT NO.: 4

RFGA NO. HR754127

Arizona Department of Health Services

Grant Payment Request Form

(Name of Organization)

Contract Number _____ Purchase Order Number _____

At this time, _____ (name of organization) is requesting
payment of \$ _____ (%)

Signed: _____ Date: _____

Print or Type Name: _____

Title: _____ Phone #: _____

Approved for payment by ADHS:

Signed: _____ Date: _____

Print or Type Name: _____

Title: _____ Phone #: _____

<div style="text-align: center;">EXHIBIT 1 <u>CONTRACTOR'S EXPENDITURE REPORT INSTRUCTIONS</u> RFGA NO. HR754127</div>

Contractor's Expenditure and Requirement Report Instructions

This is a multi-purpose form for use by agencies who have a Negotiated Service Contract with the Arizona Department of Health Services. It should be filled out, signed by an authorized person and mailed to the Department not later than the 15th day of the month following the expenditure period or in accordance with the contract. Later submission will delay the allotment of contract funds for the following month.

1. Contract Number
2. Contractor's Name
3. Title of program
4. Reporting Period Covered: From _____ To _____

A. Check appropriate box:

- ☐ Cost Reimbursement – Cumulative Actual expenditures from the beginning of the Contract Period.
- ☐ Fixed Price – reimbursement type contract.

B. Check appropriate box.

5. Detailed statement of expenditures (Cost Reimbursement)

- ITEM a. Approved budget indicates the total budget for the current contract term. The Line Item Budget per the contract price sheet must be shown.
- ITEM b. Prior Report Period Year to Date Expenditures are taken from Column D (Total Year to Date Expenditures) of the CER for the prior reporting period.
- ITEM c. Current Reporting Period Expenditures are accumulated expenses incurred from the beginning of the Reporting Period Covered, broken down by line item.
- ITEM d. Total Year to Date Expenditures = Column B (Prior Report Period Year to Date Expenditures) plus Column C (Current Reporting Period Expenditures).

6. Detailed Statement of Fixed Price Contracts

A. Type of Unit – From unit description/deliverable on price sheet.

- ITEM 1. Rate per Unit from contract price sheet.
- ITEM 2. Number of Units Provided for the current Reporting Period.
- ITEM 3. Item (1) times Item (2) = Total Funds Earned this Reporting Period.
- ITEM 4. Prior Report Period Year to Date Funds Earned are taken from Column 5 (Total Year to Date Funds Earned) of the CER for the prior reporting period.
- ITEM 5. Item (3) plus Item (4) = Total Year to Date Funds Earned.

7. Contractor Certification: it is the responsibility of the Chief Executive Officer of the reporting agency to insure valid representation of the agency's expenditures or units reported on Fixed Rate Contracts. Once satisfied, the Chief Executive Officer must sign and date the report. Only an original signature will be accepted.

Arizona Department of Health Services
Accounting/Contracts
1740 W. Adams Street
Phoenix, Arizona 85007

1. Contract Number _____ P.O. # _____

2. Contractor Name _____

3. Title of Program _____

4. Reporting Period Covered: From _____ To _____

Invoice #

5. COST REIMBURSEMENT (Actual Expenditures)		Approved Budget	Prior Report Period Year to Date Expenditures	Current Reporting Period Expenditures	Total Year to Date Expenditures
A. Account Classification:		(a)	(b)	(c)	(d)
Personal Services and ERE		\$ -	\$ -	\$ -	\$ -
Professional and Outside Services		\$ -	\$ -	\$ -	\$ -
Travel Expenses		\$ -	\$ -	\$ -	\$ -
Other Operating Expense		\$ -	\$ -	\$ -	\$ -
Capital Outlay Expense		\$ -	\$ -	\$ -	\$ -
Other		\$ -	\$ -	\$ -	\$ -
Total		\$ -	\$ -	\$ -	\$ -
6. FIXED PRICE	Rate per Unit	Number of Units Provided this Reporting Period	Total Funds Earned this Reporting Period	Prior Report Period Year to Date Funds Earned	Total Year to Date Funds Earned
A. Type of Unit:	(1)	(2)	(3)	(4)	(5)
TOTAL					

7. CONTRACTOR CERTIFICATION

AUTHORIZED CONTRACTOR'S SIGNATURE/TITLE/DATE